

# 59<sup>th</sup> Medical Wing

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**U.S. AIR FORCE**

## *59 MDOS Behavioral Health Product Line Analysis (Follow-Up)*

*Col Durand*

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***Integrity - Service - Excellence***

# *Overview*

- *Follow-up issues*
- *Basic business rules*
- *Current/future problem areas*
- *Support requirements*

# *Follow-Up Issues*

- *Correct manning spreadsheet*
- *Fix MEPRS data for assigned, clinically available*
  - *Show corrected MEPRS info*
    - *Information provided to 59 MDW/ADBA*
    - *Updated info available only after system updates, end of month*
  - *Ensure future accuracy*
    - *Staff training with “pit crew” – initial*
    - *Training incorporated into Squadron Orientation*
    - *Template review reminder monthly*
    - *59 MDW/ADBA discussed use of electronic MEPRs sheets updating info daily*
- *Contact 59 MDSS to arrange “pit crew” visit to ensure correct coding for visits*
  - *“Pit crew” visit scheduled for 29 Oct*

# 59 MDOS

## Manpower and Staffing

	AUTHORIZED			ASSIGNED					
Providers	MIL	GS	Total		MIL	GS	K*	Total	Staffing
Psychiatrists (44P3)	11	1	12	44P3	11	0	0	11	92%
Psychologists (42P3)	15	2	17	42P3	14	2*	0	16	94%
Social Workers (42S3)	12	4	16	42S3	10	3	(2)	13	81%
Total Providers	38	7	45		35	5	2	42	93%
	AUTHORIZED			ASSIGNED					
Support Staff	MIL	GS	Total		MIL	GS	K	Total	Staffing
46N3 (RN)	0	1	1	46N3	0	1	0	1	100%
46P3 (outpatient & inpatient)	15	0	15	46P3	14	1	(4)	15	100%
4A	2	4	6	4A	2	4	0	6	100%
4C	69	4	73	4C	71	4	(6)	75	103%
3A	0	4	4	3A	0	4	0	4	100%
* Army Funded: 4 46P3 RNs and 6 techs (inpatient)									
3C 2 GS psychology slots are non-clinical									
Total Support Staff	86	14	100		87	14	0	101	101%

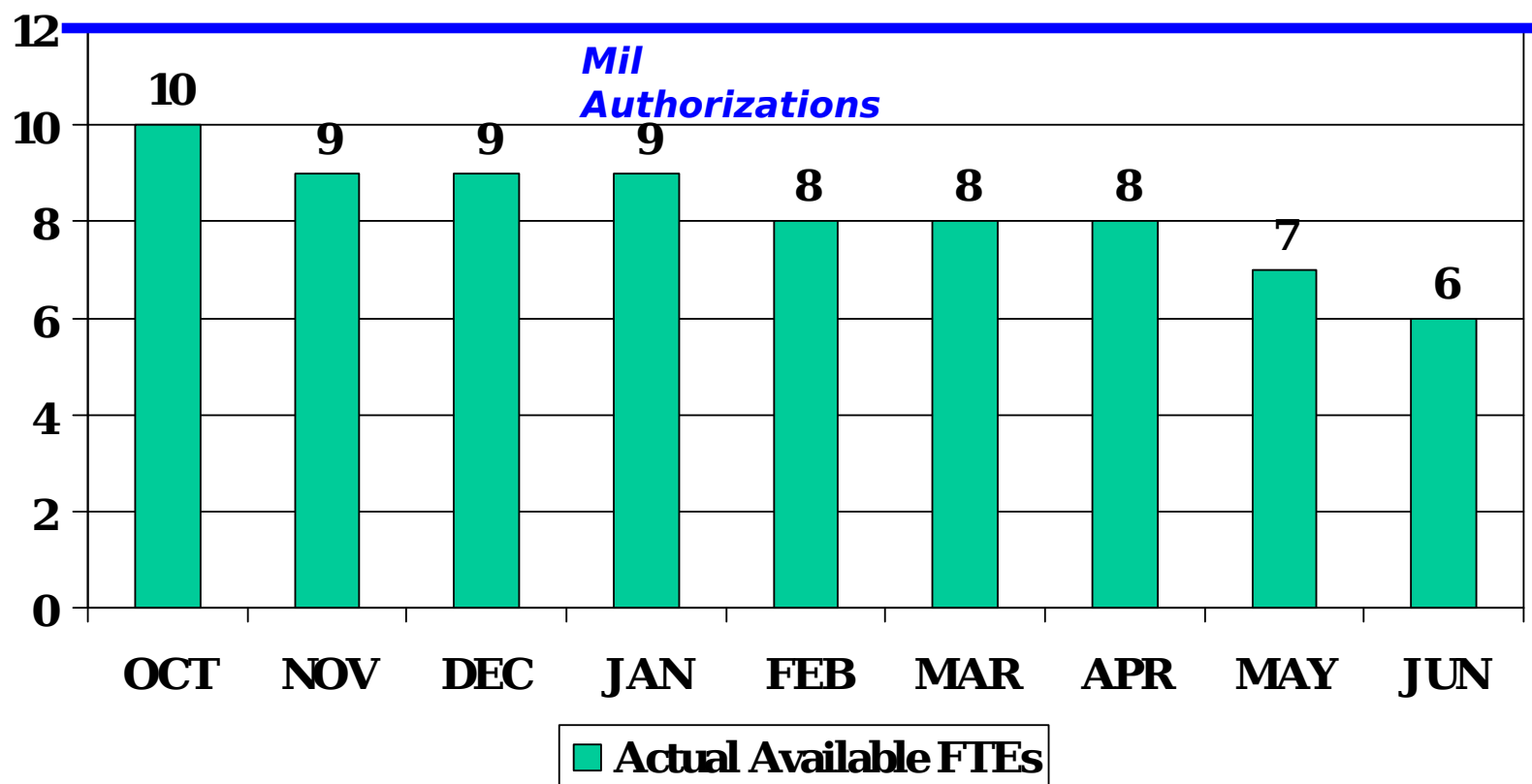
# *Social Work Workload Issues*

- *Coding and documentation errors*
- *Inaccurate count of available FTEs*
  - *Erroneous attribution of CC slot*
  - *Ghost worker*
  - *Failure to update templates*
- *Reductions in total visits*
  - *Deployments – technician, as well as officer*
  - *Decision not to count inpatient psych contacts*
- *Reduction in Supportive Services, BHOP*

# *Social Work Monthly Available FTEs*

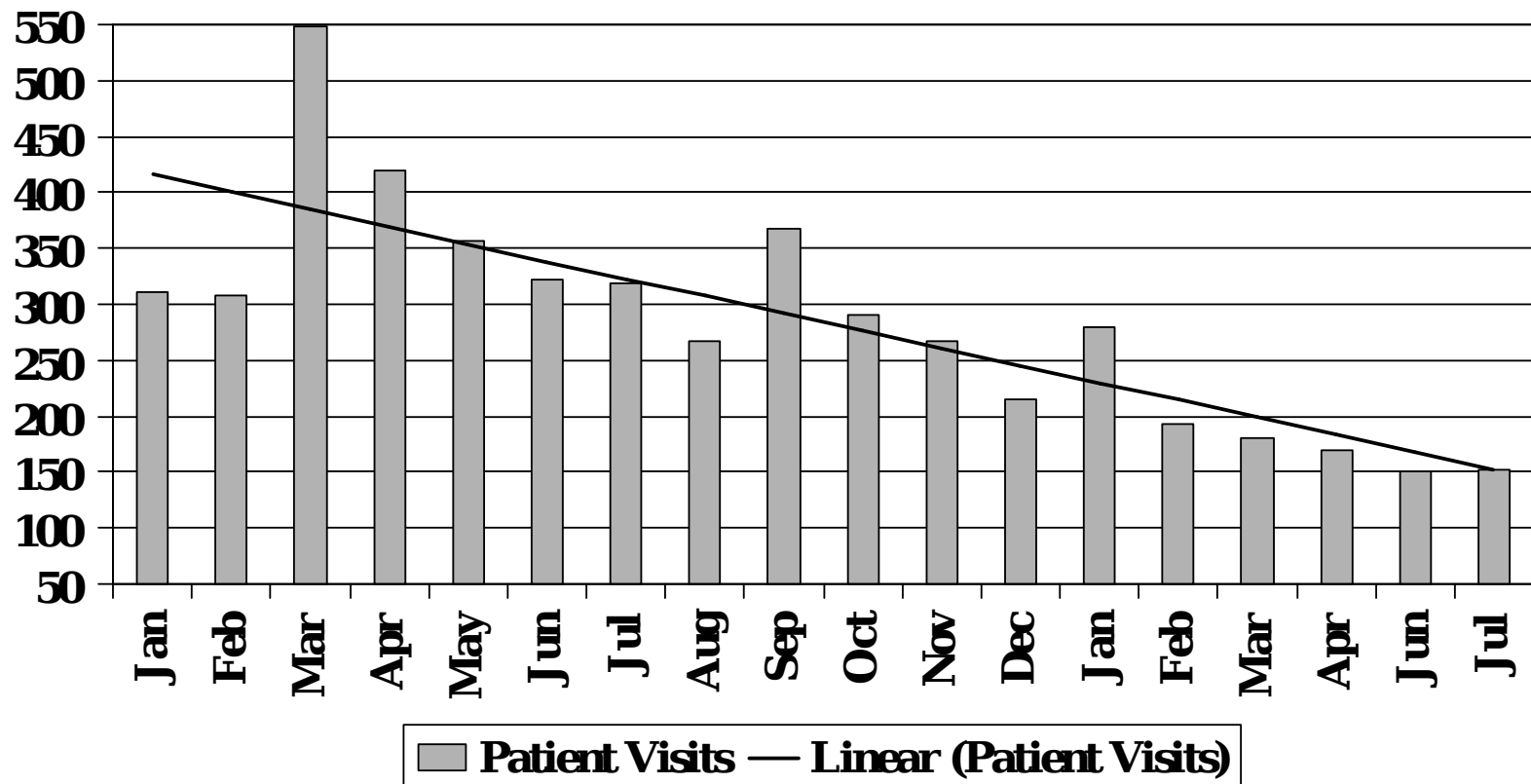
## *Oct 03 - Jun 04*

*(Corrected Count - Mil)*



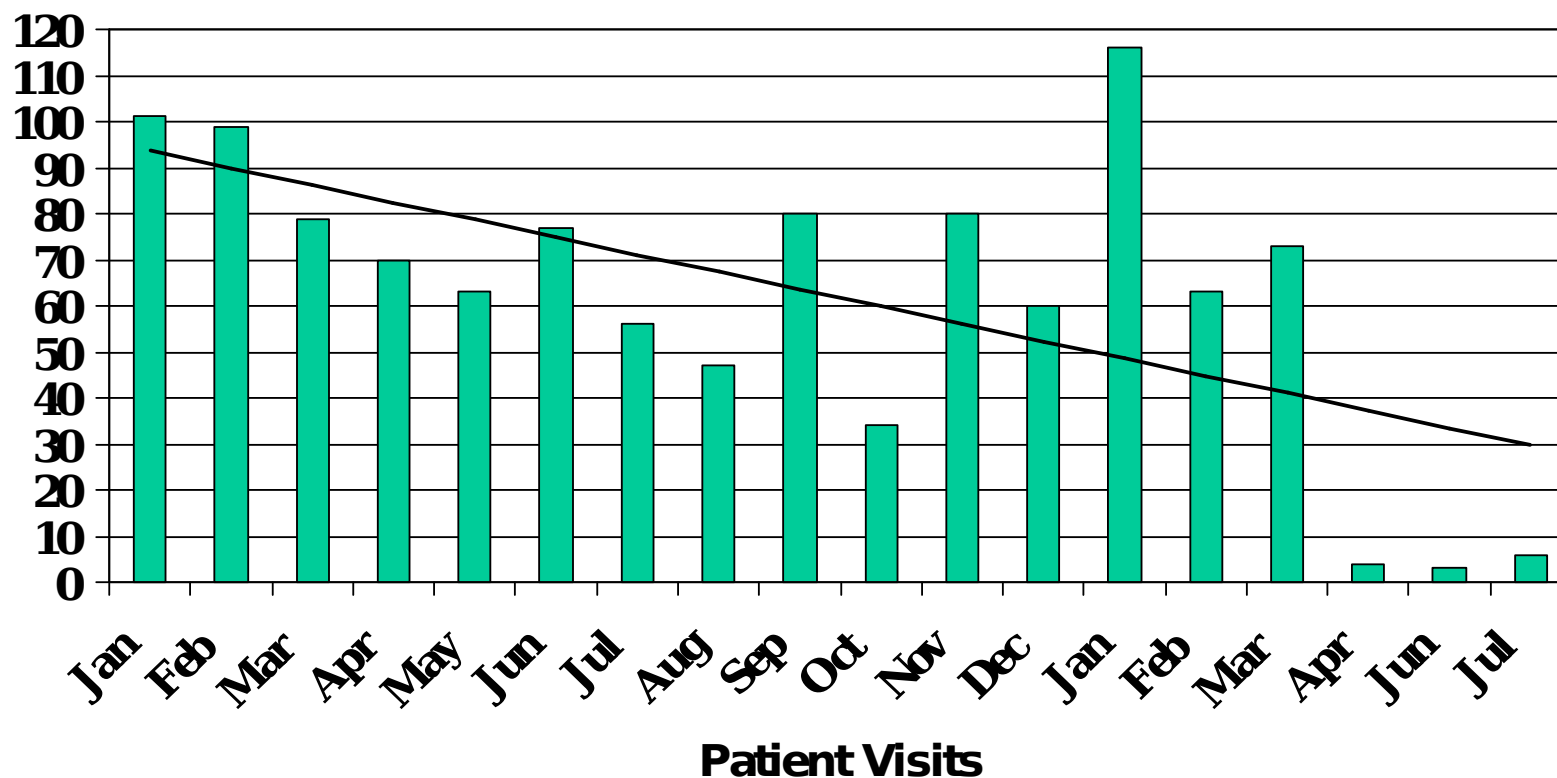
# *Supportive Services*

## *Jan 03 - Jul 04*



# *Behavioral Health Optimization Program*

## *Jan 03 - Jul 04*





# *Areas of Concern*

## *Current/Future Problem Areas*

### *59 MDOS Manpower & Staffing*

#### *(MAPPG06)*

#### FAC 5216 – MAPPG06 Changes (Officers)

44P3	Current: <b>7+1 GS</b>	MAPPG06: <b>5+1 Contract</b>	DELTA:
	<b>-2</b>		
44P3a	Current: <b>2</b>	MAPPG06: <b>0</b>	DELTA:
	<b>-2</b>		
44P3b	Current: <b>2</b>	MAPPG06: <b>0</b>	DELTA: <b>-2</b>
42P3	Current: <b>9+2 GS</b>	MAPPG06: <b>9+2 Contract</b>	DELTA:
	<b>0</b>		
42P3a	Current: <b>3</b>	MAPPG06: <b>0</b>	DELTA: <b>-3</b>
42P3b	Current: <b>3</b>	MAPPG06: <b>0</b>	DELTA: <b>-3</b>
42S3	Current: <b>12+4 GS</b>	MAPPG06: <b>9+2GS, +4 Contract, +1 RSA</b>	DELTA:
	<b>0</b>		
46N3	Current: <b>1 GS</b>	MAPPG06: <b>3GS+4 Contract</b>	DELTA:
	<b>+6</b>		
46P3	Current: <b>5</b>	MAPPG06: <b>5</b>	
	DELTA: <b>0</b>		

#### FAC 5285 – MAPPG06 Changes (Inpatient Nursing)

46P3	Current: <b>10 Off</b>	MAPPG06: <b>20 Off</b>	DELTA:
	<b>+10</b>		

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Elimination of 42P3a - Neuropsychology*

- *Services Lost:*
  - *Required MEB and TDRL evaluations, assessing fitness for duty and impairment/disability ratings for military members*
  - *Consultation and evaluation services for WHMC patients with known/suspected brain injuries or disease*
  - *Inpatient consultations for patients with cognitive impairments (including competency evals)*
  - *Pre- and post-surgical assessments for neurosurgery patients (risk management implications)*
  - *Dementia screening evaluations for military retirees*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Elimination of 42P3a*

- *Impact on GME*
  - *Eliminates important aspects of internship training*
  - *Decreased staff available for resident training and supervision, likely necessitating decrease in resident/internship class size*
- *Financial impact: “Leakage”*
  - *Average of 6 comprehensive neuropsychological evaluation performed each week (300 per year) at WHMC when staffed (2 full-time providers)*
  - *At average civilian cost of \$1500 per evaluation, annual cost to WHMC to defer consults to network - approximately \$450,000*
  - *Adequate civilian neuropsychology services NOT available in the San Antonio area*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Elimination of 42P3b – Clinical Health Psychology*

- **Losses in *WHMC Patient Services***
  - *More than 1,000 pt contacts per month*
  - *Smoking Cessation*
  - *Air Force Fitness Program -- Healthy Living Workshop*
  - *Primary Care -- Behavioral Health Consultation*
  - *Cardiac Rehabilitation Program*
  - *Chronic Pain Management*
  - *Diabetes Management*
  - *Incontinence Rehabilitation*
  - *OB/GYN Depression Tx*
  - *Relaxation Classes*
  - *Insomnia Classes*
- **Losses in *Specialty Evaluations***
  - *Bone Marrow Transplant*
  - *Surgery Clinic*
  - *Pain Clinic*
  - *Cochlear Implants*
  - *HIV*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Elimination of 42P3b - Loss to Training*

- *Losses to **WHMC CHP Fellowship Training (23-year program)***
  - *No comparable civilian training program*
  - *Pipeline supporting 15 42P3B shred-outs*
  - *One of 3 accredited programs in U.S.*
  - *Graduates leading AF wide prevention including suicide, alcohol, wt, and tobacco*
- *Losses to **WHMC Residency Training***
  - *CHP Residency for ½ of AF Psychologists*
  - *1/3 of training yr spent in CHP*
  - *Non-pharmacological txs for deployed*
  - *Outstanding Training Award for 2002*
- *Losses to **WHMC Research**; Current Grant Staff of 11 eliminated*
  - *Wt and Fitness program for AD*
  - *Smokeless Tobacco Cessation for AD*
  - *Chronic Pain Restoration for AD*
  - *Alcohol, Tob and Wt mgt for AD*
  - *PTSD in WHMC Deployed AD*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Elimination of 42P3b – Financial Loss*

- *Losses to **WHMC Finances***
  - *\$1 Million per yr in CHP pt contacts*
  - *\$5.8 Million in external grants*

# *Impact of Losing 44P3a/b Forensic/Child Psychiatrists*

- *Severe threat to GME, patient care and readiness*
- *Currently train 50% of AF psychiatrists*
- *ACGME requires the following for psychiatry residency training:*
  - *Sufficient number of staff to instruct/supervise all residents in program*
  - *Adequate patient populations to include inpatient, outpatient, emergency, consultation/liaison, and child and adolescent psychiatry*
  - *Child and adolescent psychiatry experience: no less than 2 months full-time equivalent, supervised by child and adolescent psychiatrist*
  - *Psychiatric consultation/liaison experience: no less than 2 months full-time equivalent, preferably supervised by psychosomatic psychiatrist*

# *Impact of Losing 44P3a/b*

- *Forensic psychiatry: experience in evaluation of forensic problems, supervised by forensically-trained staff*
- *Experience with common psychological test procedures/ interpretation*
- *Cognitive-behavioral therapy (CBT) experience - requires 6 hours per week of supervision time and is required by ACGME. This training cannot be taught in the civilian community as they are psychodynamically oriented.*
- *Clinical training must include adequate, regularly scheduled, individual supervision. Each resident must have at least 2 hours of individual supervision weekly, in addition to teaching conferences and rounds. In addition, each resident on a rotation must have at least one hour of individual supervision per week by their supervising staff psychiatrist.*



## *Impact of Losing 44P3a/b*

- *Reduction of psychiatry billets by 50%+ would close GME, threaten operation of inpatient unit, and increase leakage to private sector*
- *Loss of each forensic psychiatry shred-out would cost AF approximately \$140k – \$160k, if services can be found*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *59 MDOS Manpower & Staffing (MAPPG06*

- *Possible solution:*
  - *MAPPG06 increases 46P3 psychiatric nursing authorizations by 10 billets (overall psych nursing billets increased by 16)*
  - *Temporarily convert 10 billets to psychiatry/ psychology positions until MAPPG06 disconnects are corrected in POM*

# *Social Work Business Rules*

- *Services provided*
  - *Prevention/education*
  - *Outreach*
  - *Aftercare*
  - *Individual/group/family/couples counseling*
  - *Diagnostic assessment*
  - *Consultation with command*
  - *Inpatient/outpatient medical social work consultation*
  - *Discharge planning*
  - *Emergency care (walk-ins)*
  - *After-hours emergency service*

# *Social Work Business Rules*

- *Population served*
  - *ADAPT*
    - *Active duty (priority)*
  - *FAP*
    - *Active duty (priority), dependents*
  - *Supportive Services*
    - *Active duty (priority), dependents, retirees*
- *Access to Care*
  - *Acute -- same day*
  - *Social Work Routine -- 2.6 days*
  - *ADAPT Routine – 1.6 days*

# *Social Work*

## *Changes to Business Rules*

- *Increase access to substance abuse services for dependents and retirees*
- *Expand scope of substance abuse services to include partial hospitalization program*
- *Shift discharge planning to Medical Management Flight – scheduled to occur in Nov*
- *Realign resources to Life Skills Support to expand marital/family services*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Access for Substance Abuse Patients*

- *Problem: Limited range of services*
  - *Current services*
    - *Geared to active duty*
    - *Prevention/education*
    - *Outreach*
    - *Diagnostic evaluations*
    - *Aftercare*
    - *Intensive Outpatient Program (IOP)*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Access for Substance Abuse Patients*

- *Solutions:*
  - *Implement Partial Hospitalization Program to supplement IOP*
    - *Expanded treatment hours*
    - *More intensive group/individual therapy*
    - *More intensive medical management/monitoring*
  - ***Additional resource requirements:***
    - *Staff specialty training (funded with existing SQ CME dollars)*
    - *Medical management (review staff responsibilities, priorities)*
- *Benefits*
  - *Expanded access for retirees, dependents*
  - *Additional training opportunity for residents*

# *Inpatient Mental Health Initial Business Rules*

- *Adult patients treated ages 18 to 64 (17 years of age if AD)*
- *24/7 care availability for crisis intervention due to a patient's acute danger to self or others*
- *Provide comprehensive mental health care via psychiatric and nursing staff*
- *Support one of two AF Psychiatry GME programs*



# *Areas of Concern*

## *Current/Future Problem Areas*

### *Access to Inpatient Services*

#### *Step One*

- *Increase admissions of dependent and retiree patients by modifying policy memorandum to cap unit to these beneficiaries as staffed beds allow*
- *Contact WHMC and BAMC Emergency Departments to determine actual number of dependent and retiree beneficiaries being sent to network mental health hospitals*
- *Perform Business Case Analysis with TRICARE (Mr Perez) and RMO (Maj Greentree) to assess numbers of adult psychiatric patients treated at network facilities in our region (in progress)*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Access to Inpatient Services*

- *Continuation of MOU with BAMC to capture all AD Army inpatient mental health admissions. Acceptance of Army dependents and retirees as staffed beds allow*

### *Step Two*

- *Development of plan to expand the inpatient mental health unit to 30 beds if patient load supports increase*

# *Support Requirements*

- *Retaining current number of contract nurses (4) and technicians (6)*
- *Retaining current Licensed Vocational Nursing staff (3)*
- *Increasing active duty registered nursing and technical staff by (3) RN's and (5) Technicians to increase unit to 30 bed capacity and meet current mobility requirements (covered in MAPPG06)*
- *Shifting of psychiatry resources, responsibilities (staff, residents), re-examine utilization of technician staff*
- *Retaining current GS Social Work position (1)*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Depression Management*

- *Early Detection and Intervention in Primary Care Settings*
  - *Active duty, dependents; same day contact*
- ***Primary Care Depression Clinical Pathway Project (Kelly Family Medicine)***
  - *Depression management pathway includes Behavioral Health Consultant (BHC)*
  - *“On the spot” assessment for patients seeking help from their Primary Care Managers (PCM)*
  - *Once identified by PCM and assessed by BHC, patients are offered individual and group interventions*
  - *Expanded options: Increased group follow-up opportunities, introduction of new depression management therapies*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Depression Management*

- ***Antepartum/Postpartum Depression Intervention (OB Ward)***
  - *Women screened for depression throughout their pregnancies and at post-partum follow-up visits*
  - *“On the spot” follow-up with the Behavioral Health Consultant*
  - *Expanded options: Referral to Clinical Health Psychology Clinic for individual/conjoint psychotherapy, as needed*
  - *8-session “Pregnancy Wellness Program” to be rejuvenated*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *Depression Management*

- *Antepartum/Postpartum Depression Intervention (continued)*
  - *Estimated 5+ new patients identified, receive services each week*
  - *Stop Tricare “leakage” for non-active duty family members*
- ***Resource requirements:*** *Programs can be managed by current staff, along with Clinical Health Psychology post-doctoral fellows and Clinical Psychology residents*

# *Areas of Concern*

## *Current/Future Problem Areas*

### *New Memory Disorders Clinic*

- *Active duty, retirees, dependents*
- *Cognitive screening services for patients with suspected memory/cognitive dysfunction*
- *Early detection of neurodegenerative conditions such as Alzheimer's Dementia*
- *Will provide patient and family education, early intervention, instruction in coping strategies, tracking over time*
- *Will meet needs of local retiree population that are currently unmet*
- *Coordination with BAMC? Currently receiving BAMC referrals for non-active duty patients*
- *Prevent up to \$3000 per week "leakage" to civilian sector*

*Areas of Concern*  
*Current/Future Problem Areas*  
*New Memory Disorders Clinic*

- *Improved accessibility (more appointments, available weekly)*
- *Bedside assessments for hospitalized patients exhibiting memory problems or other cognitive impairments*
- *Can be staffed by regular Neuropsychology Service staff (two FTEs)*



# *Areas of Concern*

## *Current/Future Problem Areas*

### *New Memory Disorders Clinic*

- ***Additional Resource Requirements***
  - *Second GS-09 (Master's level) civilian neuropsychology technician needed to support Neuropsychology Service staff*
  - *New technician would increase accessibility -- up to 3 additional comprehensive (full day) evaluations, 2+ screening evaluations per week; value of additional assessments would be up to \$5000 per week (recaptured from TriCare)*
  - *Trained Mental Health tech (4C) can serve as neuropsychology technician, but less desirable (experience, turnover, continuity)*

# *Possible Collaboration, Integration of Services - BAMC*

- *Outpatient child/adolescent mental health clinic*
- *Psychiatric partial hospitalization program*
- *Substance abuse services*
- *Memory disorders screening*
- *Traumatic brain injury evaluations*



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